2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

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Entity Name: FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

FMHI BOX 2 BRUCE B. DOWNS BLVD.
2514
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

FMHI BOX 2 BRUCE B. DOWNS BLVD.
2514
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3695186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUCHNOWSKI, ALBERT DR.
13301 BRUCE B DOWNS
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: DUCHNOWSKI, ALBERT
Address: 13301 BRUCE B DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612

Title: T
Name: MILLER, THERESA
Address: 13301 BRUCE B DOWNS. BLVD
City-St-Zip: TAMPA, FL 33612

Title: D
Name: MILLS, TROYLAN
Address: 13301 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33612

Title: D
Name: FRAZIER, YVONNE
Address: 13301 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33612

Title: D
Name: MURPHY, ALPHONSO
Address: 13301 BRUCE DOWNS BLVD.
City-St-Zip: TAMPA, FL 33617

Title: EXE
Name: LARRY, ENGLISH
Address: 8706 BEVERLY DR.
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LARRY ENGLISH EXE 04/26/2010

Electronic Signature of Signing Officer or Director — Date